## PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

FUR PATENT APPLICA	HON					n v nei n in n en propilitation in territoria	
As a below named inventor My residence/post office at I believe I am the original.	ddress and cit	izenship are as state			, first and joint	inventor (if plural names are	
listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Electronic Card Game and Method							
the specification of which is attached hereto unless the following box is checked:  () was filed on as US Application Serial No. or PCT International Application							
Number and was amended on (if applicable).  I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any							
I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR							
amendment(s) referred to a 1.56.	ibove. I ackno	owledge the duty to	disclose all in	formation which is ma	aterial to patent	ability as defined in 37 CFR	
Foreign Application(s) and/or ( I hereby claim foreign priority ber also identified below any foreign	nefits under Title	35, United States Code				(s) certificate listed below and have ch priority is claimed:	
COUNTRY APPLICA		IION NUMBER DATE		ILED PRIORITY CLA		AIMED UNDER 35 U.S.C. 119	
					YES	NO;	
					YES:	NO:	
Provisional Application I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:							
APF APF		LICATION SERIAL NUMBER		FILING DATE			
				10/19/2000			
7							
U.S. Priority Claim							
I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application							
APPLICATION SERIAL	FILING D	STAT	STATUS(patented/pending/abandoned)				
in and in a second							
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith							
Philip J. Anderson, Reg. No. 29887 Robert Ryan Morishita, Reg. No. 42907							
Send Correspondence to:  Direct Telephone Calls To:							
Philip J. Anderson Anderson & Morisinta, L.L.C.  3311 S. Rainbow Suite 127							
Las Vegas, Nevada, 89146							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Full Name of Inventor: Wayne	Odom			Citizenship: <u>U</u>	IS		
Residence: 549 E. Oakey, Las	Vegas, Nevada	US 89104		10			
Post Office Address: Same							
Wayn M	5M			10-9-2001			
P			~ .				

## DECLARATION AND POWER OF ATTORNEY ATTORNEY DOCKET NO. ODOM01-01 FOR PATENT APPLICATION (continued) Full Name of Inventor: Karolyn Gee Citizenship: US Residence: P.O. Box 35772, Las Vegas, NV US 89133 Post Office Address: Same Date Full Name of Inventor: Citizenship: Residence: \_\_\_\_ Post Office Address: Date Inventor's Signature Full Name of Inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Date Full Name of Inventor: Citizenship: Residence: Post Office Address: Inventor's Signature Citizenship: Full Name of Inventor: Residence: Post Office Address: Inventor's Signature Date Full Name of Inventor: Post Office Address: \_\_\_

Date

Inventor's Signature